



- We have an online registration system for our BLS Practical Exams that is similar to our ALS already in place. Please check out the [Course and Exam Schedule](#).
- While there, check out the list of Initial, Refresher, and SOP courses we have currently running. **Check out our Monthly Continuing Education Seminars!**

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Bureau of EMS Newsletter

Volume 15, Issue 4

July-August 2015

Message from the Bureau Chief

I hope everyone's summer is going well! Despite that it's vacation season, the Bureau is working on many large projects. This newsletter is full of updates for you. I also feel as though it's important to know that the Bureau has secured grant monies. They will bring more resources to the system including the future purchase of an ambulance for training and an additional high fidelity simulator! Additionally, funds have been secured for PHTLS (Prehospital Trauma Life Support) training that is ongoing now, infection control funding that will assist with EMS plans and training, and bariatric training for all the caches that received equipment.

Stay safe. As always please contact the Bureau if you have any questions or concerns.

Thanks,
Chief Mercuri

Mobile Integrated Healthcare (MIH):

In May there was a public comment period on the rules. We clarified some wording, making the intent to require collaboration clear, and now the rule moves forward. As a reminder, once the rule is filed it will take 90-120 days to complete the process of becoming active. We will continue to send updates. For questions contact [Chief Mercuri](#) or [Vicki Blanchard](#).

EMS in the Warm Zone (Active Shooter):

New Hampshire will be a pilot state for an active shooter training program through Federal Homeland Security. Our pilot will be a joint effort between the Bureau, Homeland Security and Emergency Management, and Police Standards and Training. This upcoming class will evaluate the program's eventual use in New Hampshire. It is not currently available nationally yet. Please see the [EMS in the Warm zone Best Practice document](#) posted on the Bureau's web site. For questions please contact [Chief Mercuri](#).

Trauma:

The trauma registry is well underway. Training programs are being rolled out soon for late August and into September. We have contracted with the American College of Surgeons to review our trauma system and provide a report for future enhancements. This will occur next spring. For more information please contact [Deputy Chief Bouffard](#).

Rules Update:

The Commissioner has proposed three new rules and the Coordinating Board has voted to move them forward. In August the Department will be taking the last step toward adoption on rules updating the year of our protocols (from 2009 to 2015), the creation of a Law Enforcement Provider for Narcan administration, and the investigation rules. A significant amount of work has been completed on these to make our system better. We thank everyone involved! This was a great collaboration.

Totals for
"Complete"
status on our
online training
for :
Spinal Protocol

3,514

Nasal Narcan

1,739

Nasal Narcan LE

102

Info as of
6/30/2015

We're on the Web!

www.nh.gov/ems



"Abe" the BEMS

Adult

Simulation Manikin

Contact Michael

Kennard to schedule

this valuable training

to come to your

department!

Abe and Hal are both

available: Adult and

Child Simulation

Manikins.

[Michael.kennard@](mailto:Michael.kennard@dos.nh.gov)

dos.nh.gov

Research & Quality Management: TEMSIS Update to Version 4.3—Changes

During the latter half of July, TEMSIS upgraded the runform with a few layout changes to version 4.3. These are not significant changes overall, but smaller ones intended to resolve some immediate issues and implement recent decisions by the EMS Data Advisory Committee. The changes that you will see include:

- Patient status will now always show for all calls. Per the 2015 Protocols, the patient status is no longer based on transport status (where the patient status was often graded after EMS care), but the most acute status of the patient during the call.
- The Destination panel will now always be visible, regardless of the call disposition. This resolves two issues:
- Services who have a destination defaulted in their runform, can now change the destination to Not Applicable if they did not transport.
- Receiving hospitals will be able to see the report from the first responding services when the receiving hospital was listed as a destination
- A Visibility algorithm using the type of destination or service field will help crews enter better destination and transfer of care information.
- A disposition for "Agency Assist" is being added for first responder services to use who get on scene with the transporting service, do not initiate any care and have limited or no patient contact, but still assist the transporting crew with lifting, scene safety etc.
- Many billing fields have been removed on the advice of a number of the largest EMS billing companies in NH (including COMSTAR) because they said they just look up the information themselves, even if crews fill it out. The information remaining on the runform will be:
- Insurance company name, Insurance Group ID and Policy Holder ID
- Employer Name and phone number were added for work related illness and injury.
- "Response Mode" and "Transport Mode" (Lights and Sirens, No L&S, etc.) have been relabeled to "Response (or Transport) Traffic Management".

Your feedback is needed! Be on the lookout for several EMS community surveys coming out shortly. Soon, we will no longer have the choice of "other" in some areas-meaning you must pick a real answer, so we want to make the lists comprehensive, but not unnecessarily large. The surveys will look for additional values you may suggest for:

- Patient Medical History
- ALS Medications given during interfacility transfers
- Others to come

Please look for the surveys and take a few minutes to add your suggestions to make TEMSIS better!

Education: Day to Day

As the Education Section is in the middle of our “slow” season with few course requests during the summer months, we switch our focus to process improvement and incubating projects. We are exploring every facet of what we do and how we do it in order to find efficiencies. We are process-mapping everything that we do in hopes that we can implement software and procedural improvements in order to make our operation as quick as possible without sacrificing quality. We are working toward implementing the “User Management Module”, which will provide an online gateway to course approvals, transcripts, and licensing, just to name a few of the many powerful tools that this system offers. Once implemented, this system will revolutionize the way we do business. Stay tuned for more news on this exciting project.

Education: EMT-Basic to EMT Transitions

The deadline for EMT-Basics to transition to the EMT level was this past March for odd-year expirations and next March for even-year expirations. We will again be messaging these Providers to make sure that they are aware of the deadline that is approaching so that they can take appropriate steps to prepare.

Education: NREMT's NCCP Pilot

Our implementation of the NREMT's National Continued Competency Program pilot continues to move forward. The National Registry recently opened up the NCCP opt-in process for all Providers. Log in to your NREMT online account to see your results and to move your continuing education hours over into the new format. There are guidance documents about this process both on the NREMT website, as well as the NH Bureau of EMS website.

AEMT Mobile Testing		
Pre-Approved Testing Sites	16	
Tests Conducted	36	
Individuals Tested	211	
AEMT Prep Classes		
Classes Conducted	67	
Individual Participants	743	
Classes Scheduled	0	
AEMT Transition Tests		
NH 1st Time Pass Rate	64%	458
NH Overall Pass Rate	76%	539
Candidates Tested	711	
Current AEMTs	784	
Transitioned AEMTs	539	
EMT-Is Still to Transition*	517	
Vouchers Issued	741	

Education: AEMT Transition

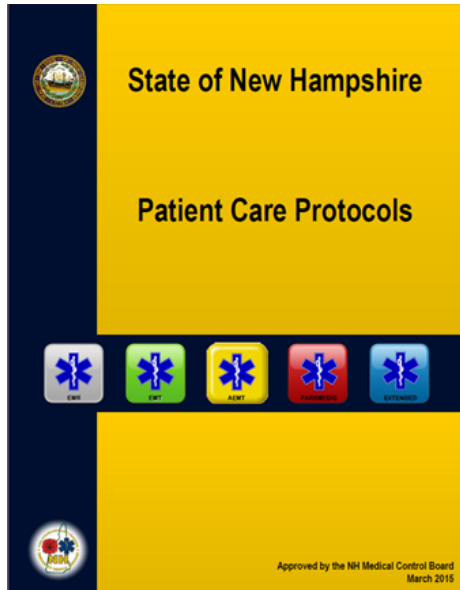
The EMT-Intermediate to AEMT Transition pass rates continue to be well above the national average – our candidates are still enjoying a 64% first-time pass rate and a 76% overall pass rate. EMT-Intermediate providers are reminded that the deadline to Transition is March 31, 2016 for even-year expirations and March 31, 2017 for odd-year expirations. Candidates are strongly encouraged to plan ahead, prepare for and attempt the exam early as seats will begin to fill up quickly as the deadlines approach. Additionally, the NREMT requires 14 days between attempts; so if a candidate needs to utilize all 6 attempts, they would actually need 12 weeks' lead time in order to complete the process prior to any deadline. We are preparing messaging to go out to all EMT-Intermediates who are due to expire in March to remind them of the looming

Education: PHTLS Courses

The Education Section has provided six PHTLS courses in July, and finishing up before the end of August. Through a grant opportunity, we are able to offset the

cost of these programs and offer these two-day classes free of charge to NH EMS Providers. We are offering the opportunity for participants to become PHTLS Instructors by taking the online Instructor course prior to the PHTLS class, then mentoring at one of the subsequent classes.

Advanced Life Support & Systems of Care: 2015 NH State Patient Care Protocol Rollout



As of July 6, 2015 the 2015 NH Patient Care Protocols are active and ready to be utilized.

EMS Providers may transition to the new protocols any time between July 6, 2015 and September 1, 2015.

All providers must complete the training to be practicing according to the 2015 protocols after September 1, 2015. A provider is not eligible to utilize these protocols until they have completed the training and passed the test.

Implementation of the protocol rollout is the responsibility of the provider's EMS Unit. The Bureau of EMS has developed an interactive online protocol rollout. It is strongly recommended that the Unit leaders require their providers to participate in this program.

The Protocol Rollout provides:

- Consistent messaging to all NH providers
- Meets the NH's Local Continued Competency Requirements for National Registry
- Record keeping in the transcript databank
- Completion of the protocol exam, which can also be used when relicensing

The protocols can be found on our main website on the top menu bar, titled "Statewide Patient Care Protocols" at:

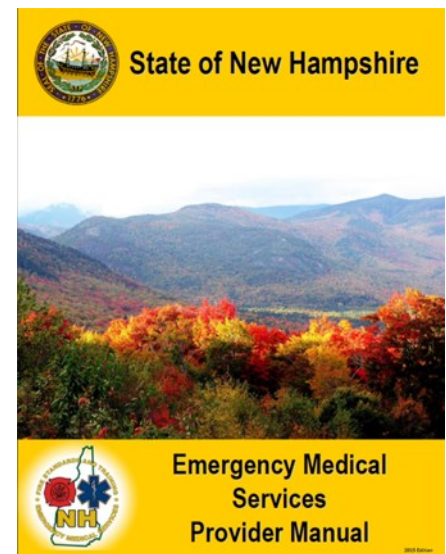
<http://www.nh.gov/safety/divisions/fstems/ems/advlifsup/patientcare.html>

The Protocol Rollout can be found on NHOODLE after logging in at: <https://nhoodle.nh.gov/ola/> then select: **eProx-Electronic Protocol Exam** then select: **2015 Protocol Rollout and Exam**

With the release of the NH Patient Care Protocols you will notice that we have incorporated the protocols into a new EMS Provider Manual. The EMS Provider Manual is intended to offer our providers a place to find not only their protocols but other important EMS documents.

The manual will include items such as:

- Protocols
- Procedures
- Policies
- Best Practices
- Approved Medication List
- Scope of Practice
- EMS Bulletins
- EMS Laws & Rules
- PIFT Clinical Advisories



Advanced Life Support & Systems of Care: Krokodil



It is called “the most horrible drug in the world”, Krokodil. Read this Time Magazine article for further information: <http://newsfeed.time.com/2013/09/26/the-most-horrifying-drug-in-the-world-comes-to-the-u-s/>

Krokodil is a cheap heroin knockoff from Russia which causes extreme gangrene and necrosis to the drug user’s muscles, tendons and bones.

Krokodil has been in use in Russia for at least a decade and made its way to the US West Coast in the fall of 2013. It now appears to have made its way to New Hampshire with at least one confirmed case.

Krokodil is named for the scaly green appearance of the skin once gangrene sets in. The drug is also known as desomorphine. Desomorphine is abused for its opioid like effects. Desomorphine was first introduced as a synthetic morphine in the 1930s. It is a controlled Schedule 1 substance. The deadly effects from the illicit version stems from the “amateur chemist”. Desomorphine is illicitly synthesized from codeine combined with household chemicals such as gasoline, paint thinner or lighter fluid. It closely resembles morphine or heroin and is usually injected into the vein. When it is injected the drug rots the skin by damaging blood vessels, causing thrombophlebitis and gangrene; as a result the skin becomes necrotic and sometimes sloughs off to expose the bone.

For EMS providers, your safety always comes first. Remember proper personal protective equipment, especially gloves when treating these patients. Proper wound care should also be considered. Any exposure should be thoroughly cleaned and obtain a medical evaluation by the medical advisor as dictated by your department’s exposure control plan and/or Worker’s Compensation Policy. Proper decontamination of your ambulance and equipment should be performed per Protocol 8.3 Bloodborne/Airborne Pathogens.

http://www.deadiversion.usdoj.gov/drug_chem_info/desomorphine.pdf

Field Services: Unit Licensing News!

December 31, 2015 is the expiration date for each of the 303 EMS Units and 15 Wheelchair Van-for-Hire Company’s licenses issued by the Bureau of EMS. In September/October of this year, the Field Services Section will be sending out reminders to the Unit Leaders that license applications must be renewed. These applications will take effect January 1, 2016 and be valid for a full two year period (expr. 12/31/17). The re-application period will be between 11/1/15 – 12/31/15.

Along with the application reminder letter mentioned above, there will be a “Unit Provider List” included that each Unit Leader must review and is expected to make corrections to. The list includes names, license levels and expiration dates as well as other demographic information on each of the EMS Providers affiliated with the Unit. The corrected list must then be returned to the Bureau so that our database can be updated.

This “Unit Provider List” is distributed to each Unit twice per year by the Bureau in order to verify that the provider affiliation information contained in our database is accurate. **Please Note:** since the start of the EMS Provider Online Licensing option which was instituted two years ago, providers can now list a Unit as an affiliation without the approval/signature of the Head of Unit. For this reason, it is critical that each Unit Leader approve / correct / add / delete, etc. the Unit Provider List, then sign and return the list to the Bureau of EMS signifying that all information and/or changes on the list are current and accurate to the best of their knowledge.



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Field Services: Vehicle Spot Inspections

Over the last two years the Bureau of EMS has been completing “spot inspections” on both Ambulance and Wheel Chair Vans at various locations around the state. Through the process of these type of inspections (where only key items are verified, not a full inspection), the NH Bureau of EMS has been able to identify that there are Units and/or Companies that do not maintain all required equipment on the ambulances and wheel chair vans. With this, it is the decision of the Bureau to enhance and expand on the spot inspection process. Please remember that the required equipment lists (inspection sheets) are public documents listed on the Bureau’s web site:

<http://www.nh.gov/safety/divisions/fstems/ems/forms.html#licensing>

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